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ABSTRACT

A two-stage study of women aged 35-55 focused on issues, concerns, and gratification and their relationship to family status, work status, age, and sense of psychological well-being. The sample was composed of women who occupied jointly one of three family statuses (never married, married without children, married with children) and one of six work statuses (paid work in high-, medium-, or low-prestige occupations, or unpaid work at home with husband in high-, medium-, or low-presitge occupations). A structured survey instrument based on intensive interviews was constructed and administered to a random sample of subjects to assess their psychological well-being. Results indicated that the sample showed a high level of well-being which was not affected by the presence of children, chronological age, menopause, or hysterectomy. Sexual satisfaction contributed to well-being and was not affected by age, menopause, or hysterectomy. Although health was rarely cited as a problem, future concerns about health were evident, particularly in terms of aging. The issues preoccupying middle-aged women focused on achievement, work, careers, and education rather than reproductive functioning. (NRB)

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HEALTH RELATED CONCERNS AND PSYCHOLOGICAL WELL-BEING OF MIDDLE-AGED WOMEN

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The findings presented here are from a two-stage study of women 35-55, funded by the National Science Foundation and conducted jointly with Rosalind Barnett. The focus of the study is on psychological well-being as related to (a) work and family status and (b) concerns and gratifications in women's lives and the balance between the two. The sample, described in Figure 1, consists of women who occupy one of four family statuses: never-married; married without children; married with children and divorced with children. Half of the married women and all of the never-married and divorced women were employed. Employed women within each family status group were drawn equally from those in high-, medium-, or low-prestige occupations (Siegel, 1970). The sample was selected to include: (a) groups of theoretical relevance to the major concerns of the study--for example, groups vary in the number and nature of roles-- and (b) relatively rare groups whose life patterns are of increasing importance, such as married childless women and women in high-prestige occupations.

The first stage of the study consisted of intensive, lengthy interviews with a "snowball" or convenience sample of four women from each cell. These interviews were used to identify concerns, gratifications, and issues in the major domains of life. Based on these interviews, we then built a survey instrument for the second stage, in which we interviewed 15 women per cell, randomly selected from a Massachusetts town. (The total number of subjects was only 239 because, despite screening more than 6,000 women, we did not find enough married, childless women at home. Inflation has apparently made this pattern increasingly untenable.

Measures:

A variety of indices were used to assess psychological well-being:

self-esteem, locus of control, level of symptomatology, assessed by the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth & Covi, 1974); general satisfaction, general happiness, optimism, and our own measure of women's attitudes toward themselves, a scale based on first-stage interviews.

All indices of well-being were then subjected to factor analysis. The first factor that emerged was labeled self-worth. Measures with high loadings on this factor are those of attitudes toward the self and level of symptomatology. A woman with a high score on this factor is characterized by a high level of self-esteem, and a low level of anxiety and depression. Because of the importance in the research literature of the variables of happiness and satisfaction, we have retained these as additional separate indices of well-being. The correlates of satisfaction and happiness tend to be somewhat different from each other (Campbell, Converse, & Rogers, 1976); the correlates of the self-worth factor are quite different from both.

Among the many facets of life women were asked about, those to be discussed here include:

1. Health of self, and health of husband, if any. (Excellent, good, fair, poor)
2. Level of concern about health (Not at all concerned, somewhat, considerably, extremely)
3. Satisfaction with sexual relationships. (Very satisfying, fairly satisfying, not as good as I would like, very dissatisfying)

We also obtained self-reported menopausal status (not started, going on now, completed) and hysterectomy (partial or total).

In numerous open-ended questions we inquired about such aspects as turning points, major rewards, issues, and positive and negative aspects of aging. With respect to aging, we asked, "When you think about getting older, what are the things that you worry about?", and "What are the things that you look forward to?" Thus there were many opportunities for subjects to express their concerns, gratifications, preoccupations, etc. in an open way.

Findings:

Well-being. The sample as a whole showed high levels of self-worth, satisfaction, and happiness, and low levels of anxiety and depression. Although our sample is not a probability sample representing American women in general--for example, women in high-prestige occupations and never-married women were over-represented--our findings are consistent with other surveys (Bird, 1979).

Whether women had children or not was unrelated to any of the three indices of well-being. Being married was associated with a significantly higher level of satisfaction and happiness, but not self-worth, whereas employment was associated with a significantly higher level of self-worth, but not satisfaction and happiness.

The finding that children do not appear to contribute to a sense of well-being reflects other findings reported below indicating that reproductive functioning is not a major explanatory domain for women in the middle years.

Chronological age was unrelated to any index of well-being, which indicates that (a) there is no decrement in well-being evident from ages 35-55; and (b) there is no evidence of a peak of midlife-crisis-related stress at any age in this twenty-year span.

Menopause and hysterectomy. With respect to menopausal status, according to their self-reports, 64% of the women were pre-menopausal; 18% were currently in the process of menopause, and for 14% menopause was completed. No relationship was found between the three indices of well-being and menopausal status. Approximately 25% of the sample had had hysterectomies, 16% partial and 14% total. We found no differences among these groups with respect to any index of well-being. (Our data on estrogen replacement therapy are not adequate for meaningful analysis--women often were unclear about what drugs they were taking and/or the duration of the treatment.) In the first stage interviews, several women described seriously disruptive effects of hysterectomy, but these were apparently short-lived.

In responding to open-ended questions in the survey--about growing older, about turning points, etc., no woman mentioned menopause, and only 2 of the 58 women who had had hysterectomies referred to the operation.

Health. The women overwhelmingly described their own health, and for married women, that of their husbands as good or excellent. Only 7% described their own health as fair or poor; and 15% of the married women described their husband's health as fair or poor. However, when asked how concerned they were about their health, 21% of the sample (n = 49) described themselves as considerably or extremely concerned. Relevant here is the finding that the most frequently mentioned concern about growing older was physical health problems, mentioned by 159 of 239 subjects. (The next most frequent concern was money, but only 67 mentioned it, followed by loneliness which 33 subjects mentioned.) It is likely that the expression of current concern about health may reflect concerns about the future.

The relation of these health variables to the indices of well-being is consistently modest, no doubt in part because of the lack of variance. Correlations with the self-worth factor are likely to be artifactual because the factor contains scales about health and anxiety. As shown in Table 1, with respect to satisfaction and happiness, the relationship of own health is .20 and .23 respectively ($p < .001$). The relationship of concern about own health is .19 ($p < .01$) and .11 ($p < .05$) respectively.

Table 1 about here

Husband's health is not related to satisfaction or happiness; however, it is negatively related to self-worth ($r = -.36$, $p < .001$)--(a high score indicated poorer health.) We shall want to investigate further why, for married women, a husband's health problems have a negative effect on self-worth, but not on satisfaction or happiness.

Turning now to sexual functioning, 34% of the women reported that they were very satisfied, 27% were fairly satisfied, 22% said sexual relationships were "not as good as I would like," and 12% were very dissatisfied. Sexual satisfaction was unrelated to chronological age, to menopausal status or to whether a woman had had a hysterectomy. Level of sexual satisfaction was more strongly related to the indices of well-being than were the health variables. A high score on the sexual functioning scale indicated dissatisfaction; thus there was a negative correlation with satisfaction of ($r = -.43$, $p < .001$) and happiness ($r = -.38$, $p < .001$). Sexual dissatisfaction was negatively related to self-worth, significantly, but less

strongly. ($r = -.17$, $p < .01$). Perhaps women no longer blame themselves severely for sexual problems.

We now return to the topic of menopause in order to examine comments made by subjects in the first stage of this study. These data show three major themes:

1. Women see menopause as an expected, predictable event, (as Neugarten and others have pointed out).
2. Menopause is also seen as "uncharted territory," an especially frequent theme because the majority of our subjects were pre-menopausal.
3. For the journey into this uncharted territory, the mother is often taken as a standard of comparison.

With respect to menopause as an expected and predictable event, one woman called it a "minimal event", and a 37-year old married childless woman said, "I have to go through it like everybody else, but it's not a big thing in my life." There was no evidence that childless women were more concerned about menopause than women with children. Indeed, they often mentioned spontaneously that the issue of children was settled long before menopause.

With respect to menopause as uncharted territory, one 35 year-old woman said, "It's not as though the information isn't there--it's just that it's all varied and different, and we're all varied and different, and you just don't know." She no longer saw the physician as an authority that one could trust.

With respect to the mother as a standard of comparison, a 53 year-old

married woman who also had an easy experience remarked, "Of course my mother never had trouble either."

For several women their mother's experience was a matter of fantasy and conjecture; their mothers were silent. One 39 year-old woman remembers a period of years when her mother "took afternoon naps" and now believes that those were her menopausal years. A 35 year-old woman said, "She (her mother) never said anything about it. It was a big sort of hysterical mystique, yet she never said anything about it. She did turn red in the face a few times, but who knows?"

Attitudes varied from negative to matter-of-fact to positive. Strongly negative attitudes were relatively rare. A 51 year-old never-married woman employed in a low-prestige occupation said, "I think menopause is a wicked thing, a debilitatingthing; it's a sign you've reached a plateau in your life." A somewhat more mixed view was that of a 42 year-old woman with children who noted that she associated menopause with a decrease in energy and with becoming less attractive. But she saw the negative aspects as <u>temporary</u>, "I can imagine myself as a vigorous and spunky old lady, but there's some middle period, I feel, that's going to be grim."

Menopause was non-threatening for women who found the thought of growing older non-threatening, and these were in the majority. A 54 year-old never-married woman who worked as domestic help recognized menopause "was a sign of getting older, but I didn't listen to the sign, I was busy cleaning." Even more upbeat was the attitude of a 52 year-old married professional woman who did not have children, "I can't wait [for menopause], I've been waiting since I was ten years old."

In summary, the well-being of the women we studied was high and was not affected whether they had children, nor by chronological age, menopause, or hysterectomy. Sexual satisfaction contributed to well-being and was not affected by age, menopausal status or hysterectomy. Although actual health was rarely a problem for subjects, there was evidence of future concern about health, and health is the major concern about aging. As indicated by answers to the open-ended questions, issues preoccupying women in the middle years tended to be those of achievement, work, careers and education. rather than those related to reproductive functioning.

Table 1

Correlates of Indices of Well-Being

	Self-worth factor	Satisfaction	Happiness
Health: Self		.20***	.23***
Health: Husband	-.36***	NS	NS
Concern re: Health		.19**	.11*
Sexual Satis.	-.17**	-.43***	-.38***

* $p < .05$

** $p < .01$

*** $p < .001$

FIGURE 1: SUBJECT GROUPS

WORK STATUS	FAMILY STATUS: Never Married	Married without Children	Married with Children	Divorced with Children
Working High-Prestige				
Working Medium-Prestige				
Working Low-Prestige				
At Home: Husband High-Prestige	X			X
At Home: Husband Medium-Prestige	X			X
At Home: Husband Low-Prestige	X			X

Note: For each cell, N = 15

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